

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-041175

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

317

Primary Registration District No.

500

Registrar's No.

2932

FILED OCT 26 1962

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Winchester

Length of stay in 1b
12 hrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION
Manchester Nursing Home

Inside Limits
Yes ☒ No ☐

c. CITY
OR
TOWN

Manchester

d. STREET
ADDRESS

(If outside, give location)
121 Old Meramec Station Rd.

Inside Limits
Yes ☒ No ☐

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First
Clarence

Middle
F.

Last
Stemme

4. DATE OF DEATH

Month Day Year
10/10/62

5. SEX

M

6. COLOR OR RACE

W

7. Married

Never Married ☐
Widowed ☐
Divorced ☐

8. DATE OF BIRTH

10/6/1900

9. AGE (last birthday)

62

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Carpenter

10b. KIND OF BUSINESS OR INDUSTRY

Self employed

11. BIRTHPLACE (City and state or country)

St. Louis Co., Mo. USA

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Herman Stemme

13b. MOTHER'S MAIDEN NAME

Emma Kuhlmann

14. NAME OF HUSBAND OR WIFE

Alvera Stemme

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

[Redacted]

17. INFORMANT

Address

Alvera Stemme, Manchester, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiopis agitans

INTERVAL BETWEEN ONSET AND DEATH

10 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Month, Day, Year
Hour a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 3, 1952 to Aug 15, 1962 and last saw him live on Aug 15, 1962
Death occurred at 1:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Henry W. Noller MD

22b. ADDRESS

9440 Highland Oakland 14, Mo. 10-11-62

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10/12/62

23c. NAME OF CEMETERY OR CREMATORY

St. John Cem.

23d. LOCATION (City, town, or county)

Manchester, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Schrader Funeral Home, Ballwin, Mo.

25. DATE RECD. BY LOCAL REG.

10-11-62

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300
Rev. 4/59
14000
24000
3
4 C
5 I
6
7 C
8 O
9350X
10
11
1286-0
13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Richard Bragg

Licensed Embalmer No.

4584

P. O. Address

Bellewin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.